

If you have questions or concerns regarding the fee schedule, please contact our Workers' Compensation Ombudsman staff at (502) 564-5550.

If you have questions regarding the ordering process, please contact Administrative Services at (502) 564-5550, ext. 4473.

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To obtain a 2001 Workers' Compensation Medical Fee Schedule for Physicians, please mail a **check or money order made payable to "Kentucky State Treasurer"** and this portion of this letter to:

Kentucky Department of Workers' Claims  
Prevention Park  
657 To Be Announced Avenue  
Frankfort, KY 40601  
Attn: Administrative Services

**You must include a street address** for shipping. Shipping cannot be completed to a post office box.

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Each fee schedule will be supplied as a soft-bound book with a CD-ROM included. Please indicate the number of schedules you wish to receive.

The CD is available in two formats. Please indicate which format should be included with your order.

Medical Fee Schedule:          Soft-bound book including CD-ROM

\_\_\_\_\_          Soft-bound Book

\_\_\_\_\_          WORD 2000 CD (complete document)

\_\_\_\_\_          WORD 2000/EXCEL 2000 CD (separate files)

Number of fee schedules X \$35.00 = \_\_\_\_\_  
Total Amount Due